



GENERAL AND/OR PERSONAL LIABILITY CLAIM FORM

NOTES

The issue of this claim form is not an admission of liability by QBE.

Please note:

1. If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
2. Any communication received must be forwarded to QBE immediately.
3. Do not admit liability.
4. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

CLIENT DETAILS

Insured name	<input type="text"/>	Policy number	<input type="text"/>
Address	<input type="text"/>		
Occupation	<input type="text"/>	Telephone number	(0) <input type="text"/>
E-mail	<input type="text"/>		

THIRD PARTY DETAILS (Person or company claiming against you)

Name	<input type="text"/>		
Address	<input type="text"/>		
Private telephone	(0) <input type="text"/>	Business telephone	(0) <input type="text"/>
Occupation/Business	<input type="text"/>		

PARTICULARS OF ACCIDENT/INCIDENT

Date of accident/ incident	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/>	am	<input type="text"/>	pm	<input type="text"/>
Date reported to you	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/>	am	<input type="text"/>	pm	<input type="text"/>
Exact location of accident/incident	<input type="text"/>						
Describe the incident or accident in as much detail as possible	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						



Have you or any of your employees and/or contractors, subcontractors admitted responsibility in any way?

Yes No

If Yes, please provide details of admission

Multiple empty text boxes for providing details of admission.

WHAT IS BEING CLAIMED?

Description and nature of property damage and/or injuries

Multiple empty text boxes for describing property damage and/or injuries.

Has the Third Party advised you that they will be pursuing a recovery against you?

Yes No

Amount being claimed (if known) \$

Empty text box for amount being claimed.

PLEASE ATTACH ANY DOCUMENTATION FOR ANY CLAIM AGAINST YOU.

HOW REPORTED TO YOU

In person By telephone By letter Other (please state)

Empty text box for reporting method details.

By whom

Empty text box for reporting party name.

Address

Empty text box for reporting party address.

To whom was the incident reported?

Name

Empty text box for name of reporting party.

Address

Empty text box for address of reporting party.

Position title

Empty text box for position title.

Telephone number (0)

Empty text box for telephone number.

If reported in person, was he/she on their own?

Yes No

If No, Assisted or Escorted

By whom? (name)

Empty text box for name of reporting party.

Address

Empty text box for address of reporting party.

WITNESSES TO THE ACCIDENT/INCIDENT

(1) Name

Empty text box for witness name.

Relationship

Empty text box for witness relationship.

Address

Empty text box for witness address.

Empty text box for witness address (continued).

Telephone number (0)

Empty text box for witness telephone number.

(2) Name

Empty text box for witness name.

Relationship

Empty text box for witness relationship.

Address

Empty text box for witness address.

Empty text box for witness address (continued).

Telephone number (0)

Empty text box for witness telephone number.



(3) Name Relationship
 Address
 Telephone number (0)

(4) Name Relationship
 Address
 Telephone number (0)

OTHER INSURANCE

Do you or any Contractors/Sub-Contractors hold any other Policy which could cover this claim? Yes No

If Yes, please provide details of which party holds the policy, the name of insurer, policy number and class of insurance:

Party holding the policy Insurer
 Policy number Class of insurance

CONDITIONS OF SALE

If this claim is in respect of a product you manufacture, construct, erect, install, repair, service, treat, sell, supply, or distribute please attach any conditions of sale that are supplied with the product.

AT THE SCENE

Did a Police Officer attend the accident/incident? Yes No

If Yes, please state his/her name Stationed

Did the Police lay any charges or intimate action may be taken? Yes No

If Yes, please supply full details

DECLARATION

I/We declare that:

- (a) The information and answers given above are correct to the best of our/my knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim;
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- (c) QBE is authorised to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view relevant to this claim.

Insured's Signature(s) Date / /



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